



HAND DELIVERED

ID# 94494

08 FS-1

Due By April 24, 2009

*ell**Rhode Island Ethics Commission*

## 2008 YEARLY FINANCIAL STATEMENT

WALTER S FELAG JR  
51 OVERHILL ROAD  
WARREN RI 02885-0000

RECEIVED  
RHODE ISLAND  
ETHICS COMMISSION  
09 APR - 2 PM 1:30

ALL QUESTIONS REFER TO THE CALENDAR YEAR JANUARY 1, 2008 THROUGH DECEMBER 31, 2008  
UNLESS OTHERWISE SPECIFIED.

PLEASE ANSWER ALL QUESTIONS AND WHERE YOUR ANSWER IS "NONE" OR "NOT APPLICABLE" SO  
STATE. ANSWERS SHOULD BE PRINTED OR TYPED, and additional sheets may be used if more space is needed.  
For clarification of any question, read instruction sheet.

**Note:** If you are a state or municipal official or employee who is required to file a Yearly Financial Statement, a failure to file the Statement is a violation of the law and may subject you to substantial penalties, including fines. If you received a 2008 Yearly Financial Statement in the mail but believe you did not hold a public position in 2008 or 2009 that requires such filing, you should contact the Ethics Commission (See Instruction Sheet for contact information).

1. Felag, Jr. Walter S.  
NAME OF OFFICIAL (LAST) (FIRST) (INITIAL)

2. 51 Overhill Rd. Warren, R.I. 02885  
HOME ADDRESS (STREET) (CITY/TOWN) (ZIP CODE)

MAILING ADDRESS (If different from home address)

3. List Public Position(s) you hold and governmental unit:

State Senator - District 10  
(PUBLIC POSITION)

District 10 - Warren, Tiverton & Bristol  
(MUNICIPALITY, STATE OR REGIONAL)

(PUBLIC POSITION)

(MUNICIPALITY, STATE OR REGIONAL)

I was elected on 2008  
(date)

I was appointed on \_\_\_\_\_  
(date)

I was hired on \_\_\_\_\_  
(date)

If you no longer hold a public position, state date of termination or resignation \_\_\_\_\_.

4. List elected office(s) for which you were/are a candidate in either calendar year 2008 or 2009 (Read instruction #4)

State Senator - District 10

5. List the following: NAME OF SPOUSE

Elaine M. Felag

6. List the names of any employer from which you, your spouse, or dependent child received \$1,000 or more gross income during calendar year 2008. If self-employed, list any occupation from which \$1,000 or more gross income was received. If employed by a state or municipal agency, or if self-employed and services were rendered to a state or municipal agency for an amount of income in excess of \$250, list the date and nature of services rendered. If the public position or employment listed in #3, above, provides you with an amount of gross income in excess of \$250 it must be listed here. (Do Not List Amounts.)

| NAME OF FAMILY MEMBER EMPLOYED    | NAME AND ADDRESS OF EMPLOYER OR OCCUPATION   | DATES AND NATURE OF SERVICES RENDERED   |
|-----------------------------------|--|---|
| Walter Felag                      | SEA Corp<br>62 Johnson Cable Mill<br>Middleton RI 02842  | State of RI<br>One Capitol Hill<br>Providence RI 02908<br>11/01/08-12/31/08<br>Computer Software Engineer<br>State Senator<br>11/01/08-12/31/08 |
| Elaine McFelag<br>(Self-employed) | Feminine Fancier<br>290 County Rd<br>Barrington, RI 02806  | Owner - Women's Apparel<br>Retail<br>11/01/08-12/31/08  |
| Jake Felag<br>(Son)               | State of RI One Capitol Hill Providence RI 02908<br>Feminine Fancier 290 County Rd Barrington RI 02806 | Att General's Intern<br>6/08-7/08<br>Vacant starter - School Vacation   |

7. List the address or legal description of any real estate, other than your principal residence, in which you, your spouse, or dependent child had a financial interest.

| NAMES                 | NATURE OF INTEREST | ADDRESS OR DESCRIPTION   |
|-----------------------|--------------------|--|
| Walter & Elaine Felag | Joint Ltr          | 2128 Hyatt Dr.<br>Port Charlotte, FLA 33948<br>2489 Haven St.<br>Port Charlotte, FLA 33948 |

8. List the name of any trust, name and address of the trustee of any trust, from which you, your spouse, or dependent child or children individually received \$1,000 or more gross income. List assets if known. (Do Not List Amounts.)

NAME OF TRUST: None

NAME OF TRUSTEE AND ADDRESS: \_\_\_\_\_

NAME OF FAMILY MEMBER RECEIVING TRUST INCOME: \_\_\_\_\_

ASSETS: \_\_\_\_\_

9. List the name and address of any business organization or other entity, whether for profit or non-profit, in which you, your spouse, or dependent child held a position as a director, officer, partner, trustee, or a management position.

| NAME OF FAMILY MEMBER | NAME AND ADDRESS OF BUSINESS                               | POSITION  |
|-----------------------|--|-----------|
| Walter & Elaine Felag | Feminine Fancier<br>290 County Rd.<br>Barrington, RI 02806 | Co-owners |

10. List the name and address of any interested person, or business entity, that made total gifts or total contributions in excess of \$100 in cash or property during calendar year 2008 to you, your spouse, or dependent child. Certain gifts from relatives and certain campaign contributions are excluded. (See instruction #10)

NAME OF PERSON RECEIVING  
GIFT OR CONTRIBUTION

(None)

NAME AND ADDRESS OF PERSON OR ENTITY  
MAKING GIFT OR CONTRIBUTION

11. List the name and address of any business in which you, your spouse, or dependent child individually or collectively holds a 10% or greater ownership interest, or a \$5,000 or greater ownership or investment interest.

NAME OF FAMILY MEMBER

Walter & Elaine Felsig

NAME AND ADDRESS OF BUSINESS

Feminine Fancies  
290 County Rd.  
Barrington, RI 02806

12. If any business listed in #11, above, did business in excess of a total of \$250 in calendar year 2008 with a state or municipal agency, **AND** you are a member or employee of the agency or exercise direct or legislative control over the agency, list the following:

NAME AND ADDRESS  
OF BUSINESS

NAME OF AGENCY

DATE AND NATURE  
OF TRANSACTION

(None)

13. If any business listed in #11, above, was a business entity subject to direct regulation by a state or municipal agency, **AND** you are a member or employee of the agency or exercise direct or legislative control over the agency, list the following:

NAME AND ADDRESS OF BUSINESS

(None)

NAME OF REGULATING AGENCY



14. If you, your spouse, or dependent child individually or collectively acquired or divested a 10% ownership interest or a \$5,000 or greater ownership or investment interest in a business after January 1, 2009 and before the date you file this statement **AND** if said business was regulated by a state or municipal agency of which you are an employee or a member, or over which you exercise direct or legislative authority, list the following:

NAME AND ADDRESS OF BUSINESS

DESCRIPTION OF INTEREST (NOT AMOUNT)  
AND DATE ACQUIRED AND/OR DIVESTED

(None)

NAME OF REGULATING AGENCY

HOW REGULATED

15. If you, your spouse, or dependent child individually or collectively acquired or divested a 10% ownership interest or a \$5,000 or greater ownership or investment interest in a business after January 1, 2009 and before the date you file this statement, which did business in excess of \$250 with a state or municipal agency of which you are an employee or a member, or over which you exercise direct or legislative authority, list the following:

NAME AND ADDRESS  
OF BUSINESS

DESCRIPTION OF INTEREST  
DATE ACQUIRED AND/OR DIVESTED  
(DO NOT INCLUDE AMOUNT)

NAME OF STATE  
OR MUNICIPAL AGENCY

None

16. If you, your spouse or dependent child were indebted in an amount in excess of \$1,000 to any person, business entity or other organization other than (i) any person related to you, your spouse or dependent child at any time within the third degree of consanguinity, or (ii) a financial institution regulated by any state or by the United States where such indebtedness is secured solely by a mortgage of record on real property used exclusively as your principal residence, or (iii) any indebtedness arising from transactions involving credit cards, please list the following:

NAME AND ADDRESS OF DEBTOR

NAME AND ADDRESS OF LENDER

None

I certify under penalty of perjury, that this Financial Statement is a complete and accurate response to the questions presented as to the financial information and interests during the year 2008 of myself, my spouse, and my dependent children. I acknowledge that I may request an advisory opinion from the Ethics Commission as to my conduct under the Code of Ethics. I understand that a copy of the Code of Ethics will be provided to me at no cost upon request by contacting the Ethics Commission.

Walter S. Feltz Jr.

SIGNATURE

State of Rhode Island

County of Newport

Subscribed and sworn to before me at Middleton, RI this 27 day of March 2009.

My Commission expires: 10-13-12

Bobbi Jo Marcotte

SIGNATURE OF NOTARY PUBLIC

THIS STATEMENT WILL BE RETURNED IF IT IS NOT SIGNED AND NOTARIZED AND IF ANY QUESTION IS NOT ANSWERED.

